



1636 \$

Attorney's Docket No. 33339/198172PATENT ✓**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re: Chroboczek et al.
Appl. No.: 09/530,560
Filed: May 2, 2000
For: TRANSFECTING PEPTIDE VECTOR,
COMPOSITION CONTAINING SAME
AND THEIR APPLICATIONS

Confirmation No.: 2330
Group Art Unit: 1636
Examiner: D. Guzo

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Commissioner for Patents
Washington, DC 20231

February 19, 2003

Sir:

Transmitted herewith is an AMENDMENT in the above-identified patent application.

- ☐ Applicant claims small entity status. See 37 C.F.R. § 1.27.
☐ No additional fee is required.

The fee has been calculated as shown below:

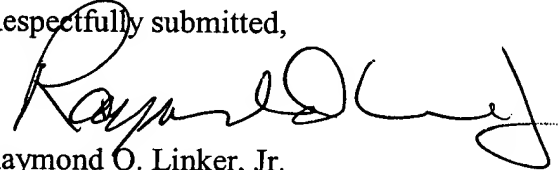
(COL. 1)		(COL. 2)	(COL. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	OR RATE	ADDIT. FEE
TOTAL	* 25	** 20	= 5	X9=	\$	X18=	\$ 90
INDEP	* 3	*** 3	= 0	X42=	\$	X84=	\$ 0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+140=	\$	+280=	\$0
				TOTAL ADD FEE \$		OR TOTAL	\$ 90

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

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- ☐ Please charge my Deposit Account No. 16-0605 in the amount of \$
- ☒ A check in the amount \$90.00 to cover the additional fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiency in payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0605.
- ☒ Any additional filing fees required under 37 C.F.R. § 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17.

Respectfully submitted,



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I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office at Fax No. on the date shown below.

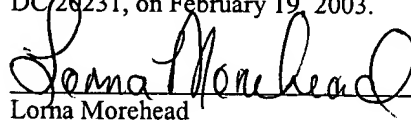
(Type or print name of person signing certification.)

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Date

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Lorna Morehead